

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company**

June 15, 2012

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

Ms. Karen Majcher
Vice President – High Cost Low Income Division
Universal Service Administrative Company
2000 L Street NW, Suite 200
Washington, D.C. 20036

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting requirements and certifications for Madison County Telephone Company, Study Area Code 401709. Madison County Telephone Company is a state-designated ETC in Arkansas and is submitting to the Commission relevant information from reports it files with its State Commission for §54.313 (a)(2) through (a)(4). Included in this filing, as Attachment C, is the affidavit filed in 2011 with the Arkansas Public Service Commission as required under 47 USC 254(3); 47 CFR Sec. 54.314 and also Attachment D, which is various reports that the Company sends to the State Commission.

Should you have any questions, please contact via email at juliet@madisoncounty.net or by phone at 479-738-2121.

Sincerely,



Joe Shrum
Secretary / Treasurer

Enclosures

Cc: Arkansas Public Service Commission

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company**

OUTAGE REPORTING – §54.313 (a)(2)

Detailed information on any outage in the prior calendar year, as that term is defined in 47 C.F.R. 4.5, of at least 30 minutes in duration for each service area in which an eligible telecommunications carrier is designated for any facilities it owns, operates, leases, or otherwise utilizes that potentially affect (i) At least ten percent of the end users served in a designated service area; or (ii) A 911 special facility, as defined in 47 C.F.R. 4.5(e). 47 C.F.R. §54.313(a)(2).

Detailed Outage Information for 2011						
Date of Outage	Time of Outage	Description of Outage and Resolution	Particular Services Affected	Geographic Areas Affected	Steps Taken to Prevent Future Recurrences	Number of Customers Affected

There were no outages of at least 30 minutes in duration for each service area that also affected at least ten percent of the end users service in the designated service areas of Madison County Telephone Company. Attachment A details outages reportable to the Arkansas Public Service Commission. Of the 195 total outages reported, it is stated that none of these outages meets or exceeds the thresholds listed above, and are, therefore, not reportable.

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Madison County Telephone Company**

UNFULFILLED SERVICE REQUESTS – §54.313(a)(3)

The number of requests for service from potential customers within the recipient's service areas that were unfulfilled during the prior calendar year. The carrier shall also detail how it attempted to provide service to those customers.

There were no unfilled requests for service during calendar year 2011. This information was not required to be collected during 2011 by the Arkansas Public Service Commission, and therefore the Company is exempt pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., DA 12-147 (rel. Feb. 3, 2012) Order 27 FCC Rcd. 605,608 (2012) and pursuant to paragraph 6 of Connect America Fund, WC Docket No. 10-90 et al., Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) (Third Reconsideration Order).

**Annual Reporting for High-Cost Recipients
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NUMBER OF COMPLAINTS PER 1,000 CONNECTIONS – §54.313(a)(4)

The number of complaints per 1,000 connections in the prior calendar year.

There were no complaints received during calendar year 2011. This information was not required to be collected during 2011 by the Arkansas Public Service Commission, and therefore the Company is exempt pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., DA 12-147 (rel. Feb. 3, 2012) Order 27 FCC Rcd. 605,608 (2012) and pursuant to paragraph 6 of Connect America Fund, WC Docket No. 10-90 et al., Third Order on Reconsideration, FCC 12-52 (rel. May 14, 2012) (Third Reconsideration Order).

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company**

§54.313(a)(5) – COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES

Service Quality Standards and Consumer Protection Rules Annual Certification

Joe Shrum	Secretary / Treasurer	Madison County Telephone Company
Printed Name of Officer	Title of Officer	Company Name

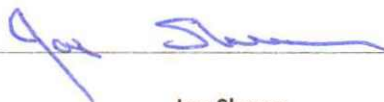
I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is in compliance with applicable service quality standards and consumer protection rules.

Executed on

June 15, 2012

Date

Signature



Joe Shrum

Printed/Typed Name

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company**

§54.313(a)(6) – ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

Joe Shrum	Secretary / Treasurer	Madison County Telephone Company
Printed Name of Officer	Title of Officer	Company Name

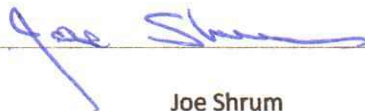
I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is capable of functioning in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Executed on

June 15, 2012

Date

Signature



Joe Shrum

Printed/Typed Name

**Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company**

ADDITIONAL VOICE RATE DATA – §54.313(h)

All incumbent local exchange carrier recipients of high-cost support must report all rates for residential local service, as well as state fees as defined pursuant to §54.318(e) of this subpart, that are below the local urban rate floor as defined in §54.318 of this subpart, and the number of lines for each rate specified. Carriers shall report lines and rates in effect as of June 1.

As of June 1, 2012, Madison County Telephone Company did not have any rates for residential local service, as well as state fees as defined pursuant to §54.318(e), that are below the local urban rate floor as defined in §54.318.

Attachment B shows the information presented to the National Exchange Carriers Association certifying the fact that Madison County Telephone Company did not have any rates for residential local service, (plus charges as defined) less than \$10.00. Attachment B is also being provided to both the Arkansas Public Service Commission, as required.

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company

ATTACHMENT A

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT TPR 9.01 10.01 10.0								
2011								
Line No.		Jan	Feb	Mar	Apr	May	Jun	
Trouble Reports TPR 10.06								
Exchange Name:	1	Access Lines	310	308	312	310	309	310
Aurora	2	Total Trouble Rpts.	0	4	5	15	15	16
Switch Mfg:	3	Deregulated	0	4	1	7	2	2
DMS-10	4	Excluded	0	0	1	3	4	3
NXX:	5	Measurable Rpts.			3	5	9	11
232	6	Trouble Index	0	0	0.9615	1.6129	2.9126	3.5484
Service Outage Restoration TRP 10.01								
	7	Total OOS Rpts.	0	1	3	14	6	10
	8	Deregulated	0	1	0	7	1	0
	9	Excluded	0		1	3	2	3
	10	Measurable Rpts.			2	4	3	7
	11	Restored W/ 24 Hrs.			2	4	3	7
	12	Percentage			100.00%	100.00%	100.00%	100.00%
Application for Service 5 days TPR 9.01								
	13	Total Applications	1	1	5	0	1	1
	14	W/ 5 Days	1	1	5		1	1
	15	Percentage	100.00%	100.00%	100.00%		100.00%	100.00%
Application for Service 30 days TPR 9.01								
	16	Total Applications						1
	17	W/ 30 Days						1
	18	Percentage				#VALUE!		100.00%

19 Name and address of person to contact regarding this information:

Becky Disney 479-738-2121
 Madison County Telephone Company
 PO Box D Huntsville, AR 72740
 becky@madisoncounty.net

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06								
2011								
Line No.		Jul	Aug	Sep	Oct	Nov	Dec	
Trouble Reports TPR 10.06								
Exchange Name:	1	Access Lines	307	307	305	302	302	301
Aurora	2	Total Trouble Rpts.	8	8	6	8	2	5
Switch Mfg:	3	Deregulated	1	4	3	1	0	2
DMS-10	4	Excluded	5	2	2	0	0	1
NXX:	5	Measurable Rpts.	2	2	1	7	2	2
232	6	Trouble Index	0.65	0.65	0.33	2.32	0.66	0.66
Service Outage Restoration TRP 10.01								
	7	Total OOS Rpts.	8	4	3	6	1	5
	8	Deregulated	1	3	1	1	0	2
	9	Excluded	5	1	2	0	0	1
	10	Measurable Rpts.	2			5	1	2
	11	Restored W/ 24 Hrs.	2			5	1	2
	12	Percentage	100.00%			100.00%	100.00%	100.00%
Application for Service 5 days TPR 9.01								
	13	Total Applications		1	1			1
	14	W/ 5 Days		1	1			1
	15	Percentage	#VALUE!	100.00%	100.00%	#VALUE!	#VALUE!	100.00%
Application for Service 30 days TPR 9.01								
	16	Total Applications		1				
	17	W/ 30 Days		1				
	18	Percentage		100.00%				

Target

<=5

>=95%

>=95%

>=95%

19 Name and address of person to contact regarding this information:

Becky Disney 479-738-2121

Madison County Telephone Company

PO Box D Huntsville, AR 72740

becky@madisoncounty.net

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.0								
2011								
Line No.		Jan	Feb	Mar	Apr	May	Jun	
Trouble Reports TPR 10.06								
Exchange Name:	1	Access Lines	421	424	425	426	423	417
Forum	2	Total Trouble Rpts.	7	7	8	38	27	9
Switch Mfg:	3	Deregulated	2	2	1	8	13	1
DMS-10	4	Excluded	1	1	6	14	8	0
NXX:	5	Measurable Rpts.	4	4	1	16	6	8
559	6	Trouble Index	0.9501	0.9434	0.2353	3.7559	1.4184	1.9185
Service Outage Restoration TRP 10.01								
	7	Total OOS Rpts.	6	5	8	27	19	6
	8	Deregulated	2	2	1	6	7	1
	9	Excluded	1	0	6	14	8	0
	10	Measurable Rpts.	3	3	1	7	4	5
	11	Restored W/ 24 Hrs.	3	3	1	7	4	5
	12	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 5 days TPR 9.01								
	13	Total Applications	1	5	3	2	1	3
	14	W/ 5 Days	1	5	3	2	1	3
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 30 days TPR 9.01								
	16	Total Applications				1		
	17	W/ 30 Days				1		
	18	Percentage				100.00%		

19 Name and address of person to
contact regarding this information:

Becky Disney 479-738-2121
Madison County Telephone Company
PO Box D Huntsville, AR 72740
becky@madisoncounty.net

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06								
2011								
Line No.		Jul	Aug	Sep	Oct	Nov	Dec	
Trouble Reports TPR 10.06								
Exchange Name:	1	Access Lines	415	411	408	409	408	406
Forum	2	Total Trouble Rpts.	8	10	11	7	9	7
Switch Mfg:	3	Deregulated	2	7	3	1	6	4
DMS-10	4	Excluded	2	2	7	1	2	0
NXX:	5	Measurable Rpts.	4	1	1	5	1	3
559	6	Trouble Index	0.96	0.24	0.25	1.22	0.25	0.74
Service Outage Restoration TRP 10.01								
	7	Total OOS Rpts.	4	7	6	5	8	4
	8	Deregulated	1	6	1	1	5	3
	9	Excluded	2	1	5	1	2	0
	10	Measurable Rpts.	1			3	1	1
	11	Restored W/ 24 Hrs.	1			3	1	1
	12	Percentage	100.00%			100.00%	100.00%	100.00%
Application for Service 5 days TPR 9.01								
	13	Total Applications	2	2	4	3	4	3
	14	W/ 5 Days	2	2	4	3	4	3
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 30 days TPR 9.01								
	16	Total Applications				1		
	17	W/ 30 Days				1		
	18	Percentage	#VALUE!			100.00%		

Target

<=5

>=95%

>=95%

>=95%

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contact regarding this information:

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PO Box D Huntsville, AR 72740

becky@madisoncounty.net

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.0							
2011							
Line No.		Jan	Feb	Mar	Apr	May	Jun
Trouble Reports TPR 10.06							
Exchange Name:	1	Access Lines	661	658	654	651	649
Kingston	2	Total Trouble Rpts.	7	13	21	28	34
Switch Mfg:	3	Deregulated	3	5	5	6	8
DMS-10	4	Excluded	2	3	5	15	16
NXX:	5	Measurable Rpts.	2	5	11	7	10
665	6	Trouble Index	0.3026	0.7599	1.682	1.0753	1.5408
							0.4637
							Target <=5
Service Outage Restoration TRP 10.01							
	7	Total OOS Rpts.	3	9	8	18	27
	8	Deregulated	1	2	2	2	5
	9	Excluded	1	3	4	13	14
	10	Measurable Rpts.	1	4	2	3	8
	11	Restored W/ 24 Hrs.	1	4	2	3	8
	12	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%
							>=95%
Application for Service 5 days TPR 9.01							
	13	Total Applications	4	1	4	2	3
	14	W/ 5 Days	4	1	4	2	3
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%
							>=95%
Application for Service 30 days TPR 9.01							
	16	Total Applications	1				
	17	W/ 30 Days	1				
	18	Percentage	100.00%				
							>=95%

19 Name and address of person to contact regarding this information:

Becky Disney 479-738-2121
 Madison County Telephone Company
 PO Box D Huntsville, AR 72740
 becky@madisoncountny.net

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.06							
2011							
Line No.		Jul	Aug	Sept	Oct	Nov	Dec
Trouble Reports TPR 10.06							
1	Access Lines	647	644	639	633	632	634
2	Total Trouble Rpts.	13	19	19	11	20	10
3	Deregulated	1	10	10	2	5	7
4	Excluded	6	6	5	2	10	1
5	Measurable Rpts.	6	3	4	7	5	2
6	Trouble Index	0.93	0.47	0.63	1.11	0.79	0.32
Service Outage Restoration TRP 10.01							
7	Total OOS Rpts.	5	13	15	4	10	5
8	Deregulated	0	6	7	2	1	3
9	Excluded	3	5	5	0	8	1
10	Measurable Rpts.	2	2	3	2	1	1
11	Restored W/ 24 Hrs.	2	2	3	2	1	1
12	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 5 days TPR 9.01							
13	Total Applications	1	5	2	2	3	3
14	W/ 5 Days	1	5	2	2	3	3
15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 30 days TPR 9.01							
16	Total Applications	1					
17	W/ 30 Days	1					
18	Percentage	100.00%					

Target

<=5

>=95%

>=95%

>=95%

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 Madison County Telephone Company
 PO Box D Huntsville, AR 72740
 becky@madisoncounty.net

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT - TPR 9.01 10.01 10.0								
2011								
Line No.		Jan	Feb	Mar	Apr	May	Jun	
Trouble Reports TPR 10.06								
Exchange Name	1	Access Lines	2041	2044	2050	2048	2047	2045
Huntsville	2	Total Trouble Rpts.	46	33	39	68	48	37
Switch Mfg	3	Deregulated	6	9	9	21	16	7
DMS-10	4	Excluded	13	4	8	14	11	10
NXX	5	Measurable Rpts.	27	20	22	33	21	20
738,737	6	Trouble Index	1.3229	0.9785	1.0732	1.6113	1.0259	0.978
Service Outage Restoration TRP 10.01								
	7	Total OOS Rpts.	22	22	22	42	31	25
	8	Deregulated	4	7	7	15	12	6
	9	Excluded	10	3	6	11	10	9
	10	Measurable Rpts.	8	12	9	16	9	10
	11	Restored W/ 24 Hrs.	8	12	9	16	9	10
	12	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 5 days TPR 9.01								
	13	Total Applications	20	26	18	13	19	20
	14	W/ 5 Days	20	26	18	13	19	20
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 30 days TPR 9.01								
	16	Total Applications			1		1	
	17	W/ 30 Days			1		1	
	18	Percentage			100.00%		100.00%	

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Becky Disney 479-738-2121

Madison County Telephone Company

PO Box D Huntsville, AR 72740

becky@madisoncountny.net

Company Name Madison County Telephone Company, INC

APSC SERVICE PERFORMANCE REPORT TPR 9.01 10.01 10.06								
2011								
Line No.		Jul	Aug	Sep	Oct	Nov	Dec	
Trouble Reports TPR 10.06								
Exchange Name:	1	Access Lines	2039	2029	2016	2009	2001	1991
Huntsville	2	Total Trouble Rpts.	31	71	35	27	35	32
Switch Mfg:	3	Deregulated	7	19	13	9	16	12
DMS-10	4	Excluded	6	21	8	5	4	7
NXX:	5	Measurable Rpts.	18	31	14	13	15	13
738,737	6	Trouble Index	0.88	1.53	0.69	0.65	0.75	0.65
Service Outage Restoration TRP 10.01								
	7	Total OOS Rpts.	15	42	22	16	19	14
	8	Deregulated	4	16	9	7	8	7
	9	Excluded	4	13	5	3	2	3
	10	Measurable Rpts.	7	13	8	6	9	4
	11	Restored W/ 24 Hrs.	7	13	8	6	9	4
	12	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 5 days TPR 9.01								
	13	Total Applications	29	19	17	17	10	4
	14	W/ 5 Days	29	19	17	17	10	4
	15	Percentage	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Application for Service 30 days TPR 9.01								
	16	Total Applications	1	2				1
	17	W/ 30 Days	1	2				1
	18	Percentage	100.00%	100.00%				100.00%

Target

<=5

>=95%

>=95%

>=95%

19 Name and address of person to contact regarding this information:

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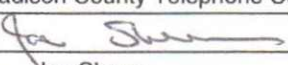
Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company

ATTACHMENT B

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Madison County Telephone Company	
Signature of authorized officer					
Date			6-11-12		
Printed name of authorized officer				Joe Shrum	
Title or position of authorized officer				Secretary/Treasurer	
Telephone number of authorized officer: (479) 738-2121, ext.					
Study Area Code of Reporting Carrier		401709		Filing Due Date for this form (mm/dd/yyyy)	
				7/1/2012	
<input checked="" type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2012 and has no monthly residential rates (plus charges as defined) less than \$10.					

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p align="center">Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Madison County Telephone Company</u>			
Signature of authorized officer 			Date <u>6-11-12</u>
Printed name of authorized officer <u>Joe Shrum</u>			
Title or position of authorized officer <u>Secretary/Treasurer</u>			
Telephone number of authorized officer: <u>(479) 738-2121</u> ext. <u> </u>			
Study Area Code of Reporting Carrier	<u>401709</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>

CERTIFICATION-AGENT

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company

ATTACHMENT C

ARKANSAS PUBLIC SERVICE COMMISSION
AFFIDAVIT FOR FEDERAL UNIVERSAL SERVICE SUPPORT FUNDS
(Payable for the 2012 calendar year)

DESIGNATION OF COMMON CARRIERS AS ELIGIBLE)
TELECOMMUNICATIONS CARRIERS TO RECEIVE)
FEDERAL UNIVERSAL SERVICE SUPPORT FUNDS)
PURSUANT TO THE FEDERAL COMMUNICATIONS)
COMMISSION'S FOURTEENTH REPORT AND ORDER)
ADOPTING A STATE CERTIFICATION PROCESS)

STATE OF ARKANSAS

COUNTY OF MADISON

1. My name is JOE C. SHRUM.

I am SECRETARY/TREASURER of MADISON COUNTY TELEPHONE COMPANY, INC..

My address is PO DRAWER D

HUNTSVILLE, AR 72740

My e-mail address is joeshrum@madisoncounty.net

My telephone number is 479-738-2121.

2. This affidavit is provided for state certification by the Arkansas Public Service Commission in accordance with 47 C.F.R. §54.313 or §54.314, as may be applicable. This affidavit is made in support of the Company's request for certification for eligibility for USF support in accordance with the procedures established *In the Matter of Federal-State Joint Board on Universal Service*, CC Docket Nos. 96-45 and 00-256, 14th Report and Order, 22nd Order on Reconsideration and Further Notice of Proposed Rulemaking (FCC 01-157).
3. The Company's study area code for the supported area is 401709

4. I am familiar with the Universal Service Support received by the Company and how the Company uses those funds.
4. I am authorized to execute this affidavit on behalf of the Company.
5. The Company hereby certifies that the Federal Universal Service Support funds received by the Company are used only for the provision, maintenance and upgrading of facilities for which the support is intended.

FURTHER AFFIANT SAYETH NOT.

Joe C. Shaw
(Signature)

Subscribed and sworn to before me on this 18th day of July, 2011.

Carlene A. Ramsey
Notary Public

My Commission Expires: 8-21-15



Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)
Madison County Telephone Company

ATTACHMENT D

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

NAME MADISON COUNTY TELEPHONE COMPANY, INC.

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 113 COURT STREET, HUNTSVILLE, AR 72740

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # ID:75

(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2011

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission
Post Office Box 400
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of MADISON COUNTY TELEPHONE COMPANY, INC.
(Company)
of 113 COURT STREET, HUNTSVILLE, AR 72740 for the year ending December 31, 2011. This report is submitted in
(Location)
accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas.
The following report has been carefully examined by me, and I have executed the verification given below.

Tom S. Shrum

(Signature)

PRESIDENT

(Title)

VERIFICATION

STATE OF)
)
) ss.
COUNTY OF)

I, the undersigned, TOM SHRUM, PRESIDENT of the
(Name and Title)

MADISON COUNTY TELEPHONE COMPANY, INC., on my oath do say that the following report has
(Company)

been prepared under my direction from the original books, papers, and records of said utility: that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief, and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.

Tom S. Shrum

(Signature)

Subscribed and sworn to before me this 30th
day of March, 2012
My Commission Expires 8-21-15



Carlene A. Ramsey
(Signature of Notary)

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

- 1 Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
- 2 The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
- 3 If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
- 4 Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
- 5 Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
- 6 This report will be scanned in. Please bind with clips only.
- 7 Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
- 8 In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
- 9 Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
- 10 Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
- 11 Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name TOM SHRUM Title PRESIDENT

Address PO BOX D, HUNTSVILLE, AR 72740

Telephone Number 479-738-2121

E-Mail tomshrum@madisoncounty.net

Give the name, address, telephone number and e-mail address of the resident agent:

Name _____ Telephone Number _____

Address _____

E-Mail _____

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

MADISON COUNTY TELEPHONE COMPANY, INC.

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

113 COURT STREET

(a) PO DRAWER D

(b)

HUNTSVILLE, AR 72740

3. Indicate by an x in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

(a) () Electric, () Gas, () Water, (X) Telephone, () Other

(b) () Proprietorship, () Partnership, () Joint Stock Association,
(xx) Corporation, () Other (describe below):

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

(a) N/A

(b)

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

(a) ARKANSAS, OCTOBER 1, 1958

(b)

(c)

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

(a) NO

(b)

(c)

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.

(a) NO

(b)

(c)

(d)

9. Was respondent subject to a receivership or other trust at any time during the year?
If so, state:

N/A

(a) Name of receiver or trustee: _____

(b) Name of beneficiary or beneficiaries for whom trust was maintained:

(c) Purpose of the trust: _____

(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition
of respondent: (1) _____ (2) _____

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the
past year? NO If so,

(a) Indicate the applicable one by an X in the proper space:

() Guarantor, () Surety, () Principal-obligor to a surety contract,
() Principal-obligor to a guaranty contract.

- (b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

COMPANY CONTACTS

Company Information	
Company Name	MADISON COUNTY TELEPHONE COMPANY, INC.
dba	
Official Mailing Address	PO DRAWER D, HUNTSVILLE, AR 72740

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Fuel Adjustment Report				
Cost of Debt Report				
Tariffs				
Accounting	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Rates	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Engineering	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Finance	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Income Taxes	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Property Taxes	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Gas Supply				
Legal	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net
Data Processing	TOM S. SHRUM	479-738-2121	479-738-2900	tomshrum@madisoncounty.net

Please list the number of utility employees located in Arkansas

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REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

GROSS ASSESSABLE REVENUES	
Description	Amount
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$2,593,860

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	2,402
Business	803
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	3,205
PBX Access Lines	
Coin or Credit Card Paystation Access Lines	16
Company Official Access Lines (Numbers)	80
TOTAL ACCESS LINES	3,301

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term	
		Beginning	End
TOM S. SHRUM	HUNTSVILLE, AR 72740	2/4/11	2/4/12
JOE C. SHRUM	HUNTSVILLE, AR 72740	2/4/11	2/4/12
JARED C. SHRUM	HUNTSVILLE, AR 72740	2/4/11	2/4/12
TODD S. SHRUM	HUNTSVILLE, AR 72740	2/4/11	2/4/12

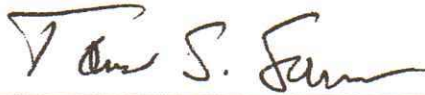
PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
PRESIDENT	TOM S. SHRUM	HUNTSVILLE, AR
VICE PRESIDENT	JARED C. SHRUM	HUNTSVILLE, AR
VICE PRESIDENT	TODD S. SHRUM	HUNTSVILLE, AR
SECRETAR/TREASURER	JOE C. SHRUM	HUNTSVILLE, AR

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.



President/General Manager